

224843

Employee Benefits, Business and Personal Planning

COMMITTED TO CONSISTENT SERVICE, VALUE, AND PRICE

120 East Main Street ■ Rock Hill, SC 29730

Phone (803) 328-9988 ■ Fax (803) 328-9914 ■ email : watts@cignetwork.com

FACSIMILE TRANSMITTAL SHEET

FROM:	
A. Watts Huckabee, Sr./Jo Anne Hogan	
COMPANY:	DATE:
Public Service Commission of SC	7/14/2010
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
1-803-896-5199	13
PHONE NUMBER:	PHONE NUMBER:
	803-328-9988
RE:	FAX NUMBER:
Class C Charter Application	803-328-9914

Please find attached a Class C Charter Application for Sterling Limousine & Transportation, LLC. The originals are being put in the mail today to the Public Service Commission & Office of Regulatory Staff as stated on the process sheet.

Please contact my office with any questions.

A. Watts Huckabee, Sr.

******* CONFIDENTIALITY NOTICE *******

The documents or information accompanying this electronic transmission contain confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to return or destroy the information after its stated need has been fulfilled, unless otherwise required by state law.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents or information is strictly prohibited. If you have received the telecopy in error, please notify the sender immediately to arrange for return of these.

PLEASE LET ME KNOW IF YOU DO NOT RECEIVE ALL COPIES INDICATED ABOVE..

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 243 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Sterling Limousine & Transportation,Telephone: 803-328-9988Address: 120 East Main StreetFax: 803-328-9914Rock Hill, SC 29730

Other: _____

Email: watts@cignetwork.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petitioner |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
JUL 14 2010
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 7-13-10

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Sterling Limousine & Transportation, LLC120 East Main Street

Street Address of Applicant

Rock Hill SC 29730

Mailing Address of Applicant if different from street address

803-328-9988

Phone

803-328-9914

Fax

watts@cignetwork.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship☐ Partnership - List names and address of all person having an interest in the business.☐ Corporation - List names and addresses of two principal officers.

25

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month July Year 2010

Assets:

Cash	
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	2008 CADILLAC ES CALADE \$60,000.00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	GMAC \$59,277.17
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	\$722.83
Total Liabilities and Equity	

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$200.00 per hour for Live service.

Counties to be Served:

York, Lancaster, Chester & any counties in SC as requested by clients.

50

Maximum Number of Passengers per Vehicle:

6

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Stealing Limousine & Transportation

Name of Motor Carrier

120 East Main St, Rock Hill SC 29730

Address of Motor Carrier

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 10,760

Limits \$1,500,000 CSL

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

Johnson & Johnson, Inc., Managers

Name of Insurance Company

PO Box 899, Mt. Pleasant SC 29464

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7-13-10
Date

Campbell B. Cook

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Johnson & Johnson, Inc., Managers

P.O. Box 899
200 Wingo Way, Suite 200
Mt Pleasant, SC 29464

Phone: (843) 577-1436 (Direct)
Fax: (843) 577-1536 (Direct)
Nationwide: 800-487-7565 (ext. 3036)
ed@jjins.com

Producer: The Turner Agency Inc
Subject: Sterling Limousine & Transport
Quote # TRQ05482ED

June 29, 2010

Effective Date: ASAP

LIABILITY			
Company	National Casualty Co		
Liability sym 7	\$ 1,500,000	Liability Premium	\$ 5,842.00
UM/UIM sym 7	\$ 100,000	UM/UIM Premium	\$ 176.00
		Commission	10 %
Quotes Based On	Public: Tractors: Trailers: Wrecker/Tow: Trucks: 2		
PHYSICAL DAMAGE			
Company	National Casualty Co		
Comprehensive	\$ 1,000 DED	Physical Damage Prem.	\$ 4,642.00
Collision	\$ 1,000 DED		
		Total Values	\$ 100,000
		Commission	10%
Total Policy Premium: \$ 10,760.00			

Quoted By: Eva Davis
Transportation Underwriter

Quote subject to:

- Insured/all drivers must have at least 2 (two) years of verifiable experience driving such units and transporting public livery.
- Local Radius =<100 miles
- Acceptable MVRs - quote is based on clean MVRs
- Vehicle must be titled to the business
- Vehicles must be registered and garage in South Carolina
- No personal use
- Copy of airport authority must be received within 30 days of binding.
- CA2402 - Public Transportation Autos, CA-77 - Sexual and/or Physical Abuse Exclusion

This quotation is subject to Signed Application, Signed UM/UIM Forms and Favorable MVR Reports. If any of these conditions do not meet our approved guidelines, immediate termination of the policy will take place. The Company may withdraw its quotation at any time prior to acceptance and in no event will it remain open for acceptance beyond thirty (30) days from the above date. Coverage may not be bound without prior authorization from Johnson & Johnson, Inc., Managers.

The quote is based on information provided at the time of the quote. Renewal offers are valid until expiration of the current policy term. This is a quote only and is only for the coverages listed above. It may not conform to the application or specifications submitted.

Exhibit FWA

Sterling Limousine & Transportation
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF)

YORK)

A. Watts Huckabee Sr.
Applicant's Signature

I, A. WATTS HUCKABEE SR.
Name of Applicant's Representative

OWNER

Title

of STERLING LIMOUSINE + TRANSPORTATION LLC
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

A. Watts Huckabee Sr.
Signature of Applicant's Representative

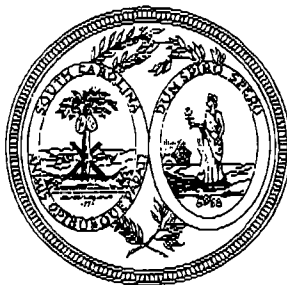
SWORN TO BEFORE ME
This 14th day of June, 2010

James M. Jern
Notary Public

Commission Expires

My Commission Expires
September 1, 2014

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

STERLING LIMOUSINE & TRANSPORTATION, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 9th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
18th day of March, 2010.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State